

FILE 'HOME' ENTERED AT 13:05:56 ON 27 JUN 2008

=> file caplus, medline, biosis

COST IN U.S. DOLLARS

SINCE FILE ENTRY	TOTAL SESSION
0.21	0.21

FULL ESTIMATED COST

FILE 'CAPLUS' ENTERED AT 13:06:16 ON 27 JUN 2008

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
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FILE 'MEDLINE' ENTERED AT 13:06:16 ON 27 JUN 2008

FILE 'BIOSIS' ENTERED AT 13:06:16 ON 27 JUN 2008

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=> s (NSAID or antiinflammatory or (anti(3A)inflammatory) or ketrolac) same
(intraocular or ophthalmol?)

MISSING OPERATOR KETROLAC) SAME

The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

=> s (NSAID or antiinflammatory or (anti(3A)inflammatory) or ketrolac) (P)
(intraocular or ophthalmol?)

L1 1152 (NSAID OR ANTIINFLAMMATORY OR (ANTI(3A) INFLAMMATORY) OR KETROLA
C) (P) (INTRAOCULAR OR OPHTHALMOL?)

=> s L1 (P) perioper?

L2 10 L1 (P) PERIOPER?

=> dup rem L2

PROCESSING COMPLETED FOR L2

L3 8 DUP REM L2 (2 DUPLICATES REMOVED)

=> s L3 NOT pd>20020730

L4 5 L3 NOT PD>20020730

=> d L4 1-5 TI AB

L4 ANSWER 1 OF 5 MEDLINE on STN

TI Effect of phacoemulsification surgery on hypotony following trabeculectomy
surgery.

AB OBJECTIVE: To review the effect of phacoemulsification surgery in eyes
with chronic hypotony following trabeculectomy with mitomycin C. DESIGN:
Retrospective analysis of all eyes that underwent phacoemulsification
surgery for symptomatic cataracts and had a preoperative diagnosis of
chronic hypotony (intraocular pressure [IOP] </=6 mm Hg) for at
least 6 months following trabeculectomy with mitomycin C. Each case had
at least 6 months' follow-up after the phacoemulsification surgery.

SETTING: A tertiary care referral center. INTERVENTION: Clear cornea
phacoemulsification surgery, with minimal perioperative
anti-inflammatory medication and retention of

viscoelastic in eyes at case conclusion. MAIN OUTCOME MEASURES:
Intraocular pressure, visual acuity, and complications. RESULTS:
Nine eyes of 9 patients were identified. Mean preoperative IOP was 4.2
+/- 1.4 mm Hg; the mean postoperative IOP was 7.3 +/ - 2.8 mm Hg (P=.009).

Intraocular pressure increased in all but 2 eyes. One of these 2
eyes experienced an acutely elevated IOP (34 mm Hg) on postoperative day
4, which dropped back to preoperative levels after trabeculectomy flap
needling. Mean preoperative visual acuity was 20/300; mean postoperative

visual acuity was 20/40. CONCLUSION: Phacoemulsification surgery may be associated with a statistically significant elevation in IOP in previously filtered eyes with hypotony, resulting in resolution of hypotony in some of these challenging cases. Arch Ophthalmol. 2000;118:763-765

- L4 ANSWER 2 OF 5 MEDLINE on STN
TI Preoperative and postoperative medications used for cataract surgery.
AB The current state of cataract surgery for the millennium may be stated as "minimally invasive techniques." This review presents recent articles on the perioperative use of antibiotics (primarily fluoroquinolones), nonsteroidal antiinflammatory drugs (Voltaren and ketorolac), and new corticosteroids (rimexolone and loteprednol etabonate). Preoperative topical application of ofloxacin or ciprofloxacin results in a satisfactory minimal inhibitory concentration for most pathogens. However, one cannot determine the actual effect of intraoperative antibiotics on acute postoperative endophthalmitis, because of its low overall incidence. Nonsteroidal antiinflammatory drugs, especially Voltaren, may offer equivalent antiinflammatory efficacy (for both postoperative inflammation and cystoid macular edema) without the typically corticosteroid-associated adverse events. Rimexolone and loteprednol etabonate, two new corticosteroids, may offer good antiinflammatory efficacy with greatly reduced risk for elevation of intraocular pressure.
- L4 ANSWER 3 OF 5 MEDLINE on STN
TI [Pseudophakia in children with juvenile arthritis].
Pseudophakie bei Kindern mit juveniler Arthritis.
AB BACKGROUND: Cataract secondary to juvenile rheumatoid arthritis is a severe, vision-threatening complication in early childhood. Intraocular lens implantation is controversial. The follow-up of four pseudophakic eyes of three patients and their perioperative therapeutic regimen were retrospectively analyzed. Early and late postoperative complications are reported. PATIENTS AND METHODS: Both girls had lens aspiration and posterior lens implantation at the ages of 6 and 12 years, the boy at the age of 10 and 14 years. All patients had relapsing anterior uveitis. The follow-up time was 3 years (1-6 years). One girl was diagnosed with sarcoidosis, causing juvenile arthritis. Both girls had perioperative methothrexate and prednisolone therapy. The boy had azathioprine therapy at the time of his first cataract surgery; later he had no systemic therapy. Both girls' intraocular lenses were implanted at different eye hospitals. RESULTS: Both girls had severe inflammatory reactions after surgery. At the hospitals both eyes had surgical revision for iris capture. In one case this was combined with exchanging the intraocular lens. Iris capture persisted for this eye and later vitrectomy with silicone oil filling was necessary to delay phthisis, resulting in amaurosis. For two pseudophakic eyes vitrectomy was necessary later because of severe vitreous opacities, but visual acuity was severely diminished by chronic cystoid macular edema and epiretinal membranes. The boy developed in his second eye intermittent iris bombata and persistent secondary glaucoma, visual acuity was stabilized at 0.5. CONCLUSIONS: Secondary cataract due to juvenile rheumatoid arthritis or sarcoidosis is a difficult situation for phacoemulsification with intraocular lens implantation in children. For severe inflammatory complications intense local and systemic anti-inflammatory therapy is mandatory. Visual prognosis is reduced for the uveitic posterior segment and glaucoma complications. IOL implantation can be recommended for only a very few patients.

- L4 ANSWER 4 OF 5 MEDLINE on STN
TI Perioperative antibiotic, steroid, and nonsteroidal anti

- inflammatory agents in cataract intraocular lens surgery.
- AB Ophthalmologists continue to choose topical antibiotics and corticosteroids more frequently than injectable agents for their current cataract surgical techniques. The preoperative use of povidone-iodine 5% and the postoperative use of impregnated soft contact lenses have helped augment our therapeutic armamentarium. NSAIDs play an important role in decreasing postoperative convalescence with fewer side effects. The intracameral administration of heparin and antibiotic solutions is discussed.
- L4 ANSWER 5 OF 5 MEDLINE on STN
TI Perioperative antibiotic, steroidal, and nonsteroidal anti-inflammatory agents in cataract intraocular lens surgery.
- AB Ophthalmologists are choosing topical antibiotics and corticosteroids more frequently than injectable agents for their current cataract surgical techniques. The preoperative use of povidone-iodine 5%, dilute intracameral antibiotics (via the balanced saline solution infusion), and postoperative impregnated collagen shields or soft contact lenses augment the therapeutic armamentarium. Nonsteroidal anti-inflammatory drugs, especially diclofenac 0.1%, have played an important role in decreasing postoperative convalescence through maintaining preoperative mydriasis, reducing anterior chamber reactions, and inhibiting cystoid macular edema. With fewer side effects, nonsteroidal anti-inflammatory drugs are minimizing the role of topical steroids.

=> d L4 4-5 TI AB IBIB

- L4 ANSWER 4 OF 5 MEDLINE on STN
TI Perioperative antibiotic, steroid, and nonsteroidal anti-inflammatory agents in cataract intraocular lens surgery.
- AB Ophthalmologists continue to choose topical antibiotics and corticosteroids more frequently than injectable agents for their current cataract surgical techniques. The preoperative use of povidone-iodine 5% and the postoperative use of impregnated soft contact lenses have helped augment our therapeutic armamentarium. NSAIDs play an important role in decreasing postoperative convalescence with fewer side effects. The intracameral administration of heparin and antibiotic solutions is discussed.

ACCESSION NUMBER: 97345575 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10168270
TITLE: Perioperative antibiotic, steroid, and nonsteroidal anti-inflammatory agents in cataract intraocular lens surgery.
AUTHOR: Abel R Jr; Abel A D
CORPORATE SOURCE: Thomas Jefferson University, Philadelphia, PA 19103, USA.
SOURCE: Current opinion in ophthalmology, (1997 Feb) Vol. 8, No. 1, pp. 29-32. Ref: 17
Journal code: 9011108. ISSN: 1040-8738.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Health Technology
ENTRY MONTH: 199708
ENTRY DATE: Entered STN: 23 Feb 2001
Last Updated on STN: 23 Feb 2001
Entered Medline: 6 Aug 1997

L4 ANSWER 5 OF 5 MEDLINE on STN
TI Perioperative antibiotic, steroidal, and nonsteroidal anti-inflammatory agents in cataract intraocular lens surgery.
AB Ophthalmologists are choosing topical antibiotics and corticosteroids more frequently than injectable agents for their current cataract surgical techniques. The preoperative use of povidone-iodine 5%, dilute intracameral antibiotics (via the balanced saline solution infusion), and postoperative impregnated collagen shields or soft contact lenses augment the therapeutic armamentarium. Nonsteroidal anti-inflammatory drugs, especially diclofenac 0.1%, have played an important role in decreasing postoperative convalescence through maintaining preoperative mydriasis, reducing anterior chamber reactions, and inhibiting cystoid macular edema. With fewer side effects, nonsteroidal anti-inflammatory drugs are minimizing the role of topical steroids.
ACCESSION NUMBER: 96353791 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10160434
TITLE: Perioperative antibiotic, steroidal, and nonsteroidal anti-inflammatory agents in cataract intraocular lens surgery.
AUTHOR: Abel R Jr; Abel A D
CORPORATE SOURCE: Delaware Ophthalmology Consultants, Wilmington 19810, USA.
SOURCE: Current opinion in ophthalmology, (1996 Feb) Vol. 7, No. 1, pp. 39-42. Ref: 11
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Health Technology
ENTRY MONTH: 199610
ENTRY DATE: Entered STN: 23 Feb 2001
Last Updated on STN: 23 Feb 2001
Entered Medline: 21 Oct 1996

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FILE 'CAPLUS, MEDLINE, BIOSIS' ENTERED AT 13:06:16 ON 27 JUN 2008
L1 1152 S (NSAID OR ANTIINFLAMMATORY OR (ANTI(3A) INFLAMMATORY) OR KETRO
L2 10 S L1 (P) PERIOPER?
L3 8 DUP REM L2 (2 DUPLICATES REMOVED)
L4 5 S L3 NOT PD>20020730

=> d que L1
L1 1152 SEA (NSAID OR ANTIINFLAMMATORY OR (ANTI(3A) INFLAMMATORY) OR KETROLAC) (P) (INTRAOCULAR OR OPHTHALMOL?)